U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E MANAGEMENT		
1166		
1. File Number U -	2. Fiscal Year Covered From:	
,	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name JAMES A STRAYER	Name NORTHWESTERN INDIANA BUILDING &	
	CONTRUCTION TRADES COUNCIL Labor Organization File Number 090906	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1533 HOWARD CT.	Street 6415 KENNEDY AVENUE	
City HOBART	City HAMMOND	
State INDIANA ZIP Code + 4 46342	State INDIANA ZIP Code + 4 46323	
5. Position in labor organization.	70001 40020	
BUSINESS MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spot	so or minor child directly as indirectly had a set of the first	
(except as specified in the exclusion	sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or omeganization monetary value from an employer whose employees your organization.	erived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
	TO THE PARTY OF TH	
P.O. Box, Bldg., Room No., if any		
-	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signa		
	ture	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section	erjury and other applicable penalties of the law, that all of the information	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section of the	erjury and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)	
15. Signature and verification. The undersigned declares, under penalty of Property submitted in this report (including the information contained in any accompany)	or on \frac{08/11/2005}{219-989-7920}	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section of the	erjury and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)	

Name of Person Filing JAMES A. STRAYER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adjrectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name AMALGAMATED BANK OF CHICAGO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WEST MONROE City CHICAGO State ILLINOIS ZIP Code + 4 60603-530	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	BUSINESS MEETING JUNE MEAL \$30.05	£ 23, 2004
Street	11.b. Approximate dollar value of such dealing.	\$30.05
State ZIP Code + 4	12.a. Nature of interest held or income received	1.
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
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